

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
IND	DEP	IND	DEP	IND	DEP
1					
2					
3					
4					
5					
6					
7					
8					
9					
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49					
50					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
IND	DEP	IND	DEP	IND	DEP
51					
52					
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					